



REQUESTED REVIEWS

- | | | | | | |
|--|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF | <input type="checkbox"/> SIGN | <input type="checkbox"/> STRU | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK <input type="checkbox"/> OPTIONAL PLAN REVIEW | | | | | |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU | | | | | |

Dear Applicant:

Please complete the following information for notification on the status of your plans.

Applicant's First Name: (PRINT CLEARLY) Exis Last Name: (PRINT CLEARLY) TO/ed

Cellular Number: 305-796-1956 Office/Home Number: _____

EMAIL Address: info@economysigned.com

Comments:

Elec Sign

NOTE: IF AN EMAIL ADDRESS WAS PROVIDED YOU WILL BE NOTIFIED VIA EMAIL AND/OR AUTOMATIC TELEPHONE CALL CONCERNING THE STATUS OF YOUR PLANS

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 2/5/13 Clerk Name: 3/A Arrival Time: 12:04

Process No(s): @ 2013 054638 / _____ / _____

- | | | | |
|--------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Walk-Thru | <input type="checkbox"/> Drop-Off | <input type="checkbox"/> Rework | <input type="checkbox"/> Re-Issue |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Plan Revision | <input type="checkbox"/> Shop Drawing |

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

- | | | |
|---|---|---|
| BLDG <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | HCAP <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | ROOF <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |
| DERM <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | LAND <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | SIGN <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |
| ELEC <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | MECH <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | STRU <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |
| ENRG <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | PLUM <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | ZNPR <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |
| FIRE <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | WASD <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | HRS <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |

Customer Notified By: _____ Date: ____/____/____ Time: ____:____

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